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APPLICANTS

Nikolaus P.W. Almassy, San Diego, CA;

** CONTINUING DATA ***** *my*** FOREIGN APPLICATIONS ***** *me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged <i>Mark C...</i> Examiner's Signature	<i>me</i> Initials			

ADDRESS

Texas Instruments Incorporated
 PO BOX 655474
 MS 3999
 Dallas , TX
 75265

TITLE

System and method for adaptive deep-sleep slotted operation

FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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